

**State Grant for Assistive Technology Program - RSA-664
California State Plan for FY 2015-2017 (submitted FY 2015)
H224A150005**

Section A

Identification and Description of Lead Agency and Implementing Entity;
Change in Lead Agency or Implementing Entity

1. Name Given to Statewide AT Program: California Assistive Technology Systems (CATS)

2. Website dedicated to Statewide AT Program: <http://www.atnet.org>

3. Name and Address of Lead Agency

California Department of Rehabilitation

721 Capitol Mall

Sacramento, CA 95814

4. Name, Title, and Contact Information for Lead Agency Certifying Representative.

Joe Xavier

Director

externalaffairs@dor.ca.gov

(916) 324-1313

5. Information about Program Director at Lead Agency:

Jay Harris

Staff Services Manager II, Independent Living and Assistive Technology Section

Jay.Harris@dor.ca.gov

(916) 558-5759

6. Information about Program Contact(s) at Lead Agency:

Sheila Conlon Mentkowski

Rehabilitation Administrator

atinfo@dor.ca.gov

(916) 558-5395

7. Telephone at Lead Agency for Public: 916-558-5775

8. E-mail at Lead Agency for Public: atinfo@dor.ca.gov

9. Descriptor of the agency: General or Combined Vocational
Rehabilitation Agency

10. If Other was selected for question 9, identify and describe the agency:

11. Contract with an Implementing Entity?

Yes

12. Name and Address of Implementing Entity:

California Foundation for Independent Living Centers

1234 H St., Ste. 100

Sacramento, CA 95814

13. Information about Program Director at the Implementing Entity:

Teresa Favuzzi, MSW

Executive Director

info@atnet.org

(916) 325-1690

14. Information about Program Contact(s) at Implementing Entity:

Kim Cantrell

Program Manager

info@atnet.org

(916) 325-1690

15. Telephone at Implementing Entity for Public: 800-390-2699

16. E-mail at Implementing Entity for Public: info@atnet.org

17. Type of organization: Non-categorical disability organization

18. If Other was selected, identify and describe the entity:

19. Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state:

The Department of Rehabilitation receives quarterly reports as well as meets monthly with the California Foundation for Independent Living Centers for updates and to ensure the coordination of activities and collaboration.

20. Is the Lead Agency named new or different Lead Agency? No

21. Explain why the Lead Agency previously designated by your state should not serve as the Lead Agency:

22. Explain why the Lead Agency newly designated by your state should not serve as the Lead Agency:

23. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in your previous State Plan? No

If you answered no or not applicable to question 23, you may skip ahead to the next page. Otherwise, you must answer the following questions.

24. Explain why the Implementing Entity previously designated by your state should not serve as the Implementing Entity:

25. Explain why the Implementing Entity newly designated by your state should serve as the Implementing Entity:

Section B - Advisory Council, Budget Allocations, and Identification of Activities Conducted

1. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes

2. The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705) Yes

3. The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)); Yes

4. The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.); Yes

5. The advisory council includes a representative of the State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821); Yes

6. The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 Yes

7. The advisory council includes other representatives

AT users, College High-Tech Centers, AT Centers.

8. The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians 9

9. If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain.

10. Proposed Budget Allocations

State Financing Activities \$30,001-\$40,000

Device Reutilization Activities more than \$100,000

Device Loan Activity Proposed more than \$100,000

Device Demonstration Activity Not performed due to flexibility

State Leadership Activities more than \$100,000

11. For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.

12. Describe your planned procedures for tracking expenditures for State-level and State Leadership activities.

When the contractors are awarded the contracts/grants, they are only awarded the appropriate percentage for the activities they are providing. Each contractor then submits a monthly invoice in order for us to be certain they do not spend over the allowed budget limit.

13. State Financing Activities Performed

Financial loan program Yes

Access to telework loan fund No

Cooperative buying program No

Financing for home modifications program No

Telecommunications distribution program No

Last resort program No

Other program No

Other Activities Performed

How many device exchange programs do you support? 1

How many device reassignment programs do you support? 1

How many device loan programs do you support? 1

How many device demonstration programs do you support? 0

14. What is the baseline year for the measurable goals for this state plan? 2011

Section C - State Financing Activities - Financial loan program

1. Enter the year when the program began conducting this activity. 1983

2. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

3. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

4. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities
AgrAbility Program	No	No	No
Alliance for Technology Access Center	No	No	No
Bank or other financial institution	No	No	No
Community Living agency	No	No	No
Easter Seals	No	No	No
Education-related agency	No	No	No

Employment-related agency	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No
Independent Living Center	No	No	No
Institution of Higher Education	No	No	No
Non-categorical disability organization	Yes	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No
Organization focused specifically on providing AT	No	No	No
Protection and Advocacy Organization	No	No	No

Technology agency	No	No	No
UCP	No	No	No
Other	No	No	No

5. Select the option that best describes from where this activity is conducted. One central location

6. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

7. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail Yes

By mail : Yes

In person : Yes

8. Enter the total endowment of the activity. 1

9. Select the option that best describes the primary source of capital used to begin the activity. A state source

10. Select the option that best describes the primary source of capital used to begin the activity. A state source

11. Even if they are not the primary source of support, do you support this program using section 4 funds? Yes

12. This activity offers the following types of assistance (select all that apply)

Revolving loans: No

Loan guarantees: Yes

Low interest loans: No

Interest buy-downs: Yes

Preferred interest loans: No

13. The lowest loan amount provided as established by the policies of the activity (leave blank if N/A). \$1000.00

14. The highest loan amount provided as established by the policies of the activity (leave blank if N/A). \$50000.00

15. Provide any additional information about this activity you wish to share.

Section D - Device Reutilization Activities - Device Exchange

1. Select the option that best describes the type of exchange. General device exchange
2. If you indicated this is a general exchange, describe it. If this is exchange is part of a collaborative among states, identify the states and how the collaborative works as part of your description.
3. If you indicated that your device exchange serves a particular entity or agency, identify the entity or agency and describe the purpose of the exchange:
4. Enter the year when the program began conducting this activity. 2007
5. Who conducts this activity? Check all that apply.

The Statewide AT Program No

Other entities (e.g. contractors) Yes

6. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

7. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities
AgrAbility Program	No	No	No
Alliance for Technology Access Center	No	No	No
Bank or other financial institution	No	No	No
Community Living agency	No	No	No
Easter Seals	No	No	No
Education-related agency	No	No	No

Employment-related agency	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No
Independent Living Center	No	No	No
Institution of Higher Education	No	No	No
Non-categorical disability organization	Yes	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No
Organization focused specifically on providing AT	No	No	No
Protection and Advocacy Organization	No	No	No

Technology agency	No	No	No
UCP	No	No	No
Other	No	No	No

8. Select the option that best describes from where this activity is conducted. One central location

9. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

10. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : No

In person : No

11. The online page for this activity can be found at <http://www.atnet.org>

12. Select the option that best describes what happens when a device is exchanged. the transaction is direct consumer-to-consumer

13. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. Nothing

14. Provide any additional information about this activity you wish to share.

Section D - Device Reutilization Activities - Device Reassignment

1. Select the option that best describes the reassignment program reassigns general AT
2. Enter the year when the program began conducting this activity. 2011
3. Who conducts this activity? Check all that apply.

The Statewide AT Program No

Other entities (e.g. contractors) Yes

4. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

5. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities
AgrAbility Program	No	No	No
Alliance for Technology Access Center	No	No	No
Bank or other financial institution	No	No	No
Community Living agency	No	No	No
Easter Seals	No	No	No
Education-related agency	No	No	No

Employment-related agency	No	No	No
Health, allied health, and rehabilitation-related agency	Yes	No	No
Independent Living Center	Yes	No	No
Institution of Higher Education	No	No	No
Non-categorical disability organization	Yes	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No
Organization focused specifically on providing AT	No	No	No
Protection and Advocacy Organization	No	No	No

Technology agency	No	No	No
UCP	No	No	No
Other	No	No	No

6. Select the option that best describes from where this activity is conducted. Regional sites

7. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 5

8. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : No

In person : Yes

9. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. Nothing

10. Select the option that best describes the policy of the program for charging professionals for a device. Nothing

11. How do you get the device to the consumer? The consumer picks up the device at a designated site

12. In the following table, select by device type how the device is reassigned. Select the top two used by the program.

Type of device	Based on consumer choice and/or request	A professional recommendation is required	Qualified program staff match it to the consumer	Qualified consultants and/or volunteers match it to the consumer	The device is provided through a qualified third-party
Vision	No	No	No	No	No
Hearing	No	No	No	No	No
Speech Communication	No	No	No	No	No
Learning, Cognition, and Developmental	No	No	No	No	No
Mobility, Seating, and Positioning	Yes	No	No	No	No
Daily Living	Yes	No	No	No	No
Environmental	No	No	No	No	No

Adaptations					
Vehicle Modification and Transportation	No	No	No	No	No
Recreation, Sports, and Leisure Equipment	No	No	No	No	No
Computer and Associated Equipment	No	No	No	No	No

13. If applicable, describe how consumers demonstrate the need for devices.

The level of support for consumers is dependant on the level of expertise at each center.

14. Describe any supports provided to the consumer to ensure successful use of the device.

The level of support for consumers is dependant on the level of expertise at each center.

15. Describe the activity.

Individuals or organizations donate equipment to the reuse organizations. The equipment is then repaired and sanitized as needed, and offered to another individual with a disability at no or low cost.

Section E - Device Loan Activity - Device Loan Activity

1. Select the option that best describes the type of program. General program
2. If you indicated that you have a device loan program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device loan program is intended and why.
3. If you indicated that you have a device loan program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.
4. If you selected other, describe
5. Enter the year when the program began conducting this activity. 2007
6. Who conducts this activity? Check all that apply.

The Statewide AT Program No

Other entities (e.g. contractors) Yes

7. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

8. Table of financial or in-kind support provided or received

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If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities
AgrAbility Program	No	No	No
Alliance for Technology Access Center	No	No	No
Bank or other financial institution	No	No	No
Community Living agency	No	No	No
Easter Seals	Yes	No	No
Education-related agency	No	No	No

Employment-related agency	No	No	No
Health, allied health, and rehabilitation-related agency	Yes	No	No
Independent Living Center	Yes	No	No
Institution of Higher Education	No	No	No
Non-categorical disability organization	Yes	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No
Organization that primarily serves individuals with physical disabilities	Yes	No	No
Organization focused specifically on providing AT	Yes	No	No
Protection and Advocacy Organization	No	No	No

Technology agency	No	No	No
UCP	Yes	No	No
Other	No	No	No

9. Select the option that best describes from where this activity is conducted. Regional sites

10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 14

11. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

12. Select the option that best describes the policy of the program for charging individuals with disabilities for a loan. Nothing

13. Select the option that best describes the policy of the program for charging professionals for a loan. Nothing

14. Describe any supports provided to the consumer to ensure a successful loan.

The regional sites provide training on the equipment when possible.

15. Devices in the loan pool also are made available for the following (choose all that apply)

Device demonstrations: No

Evaluations and assessments: No

Training: Yes

Public awareness: Yes

16. How do you get the device to the consumer? The device is shipped via mail or other commercial delivery

17. Provide any additional information about this activity you wish to share.

Individuals can also pick up the device if they live close to the regional site.

Section G - State Leadership Activities - Training

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) No

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. No

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

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If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

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AgrAbility Program	No	No	No
Alliance for Technology Access Center	No	No	No
Bank or other financial institution	No	No	No
Community Living agency	No	No	No
Easter Seals	No	No	No
Education-related agency	No	No	No

Employment-related agency	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No
Independent Living Center	No	No	No
Institution of Higher Education	No	No	No
Non-categorical disability organization	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No
Organization focused specifically on providing AT	No	No	No
Protection and Advocacy Organization	No	No	No

Technology agency	No	No	No
UCP	No	No	No
Other	No	No	No

4. Select the option that best describes from where this activity is conducted. One central location

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

6. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : No

In person : Yes

7. Select the option that best describes how training is primarily provided.
At fixed sites supported by the Statewide AT Program

8. Select the option that best describes the policy of the program for charging individuals with disabilities for training. Nothing

9. Select the option that best describes the policy of the program for charging professionals for training. Nothing

10. Provide any additional information about this activity you wish to share.

Trainings are provided to organizations regionally and individually as well as statewide trainings. Trainings are conducted in person as well as through webinars and teleconferences.

Section G - State Leadership Activities - Technical Assistance

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) No

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. No

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

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If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

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AgrAbility Program	No	No	No
Alliance for Technology Access Center	No	No	No
Bank or other financial institution	No	No	No
Community Living agency	No	No	No
Easter Seals	No	No	No
Education-related agency	No	No	No

Employment-related agency	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No
Independent Living Center	No	No	No
Institution of Higher Education	No	No	No
Non-categorical disability organization	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No
Organization focused specifically on providing AT	No	No	No
Protection and Advocacy Organization	No	No	No

Technology agency	No	No	No
UCP	No	No	No
Other	No	No	No

4. Select the option that best describes from where this activity is conducted. One central location

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

6. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Select the option that best describes the policy of the program for charging for technical assistance. Nothing

8. Provide any additional information about this activity you wish to share.

Section G - State Leadership Activities - Public Awareness

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) No

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. No

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

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If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

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Alliance for Technology Access Center	No	No	No
Bank or other financial institution	No	No	No
Community Living agency	No	No	No
Easter Seals	No	No	No

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities
Education-related agency	No	No	No
Employment-related agency	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No
Independent Living Center	No	No	No
Institution of Higher Education	No	No	No
Non-categorical disability organization	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities
Organization that primarily serves individuals with physical disabilities	No	No	No
Organization focused specifically on providing AT	No	No	No
Protection and Advocacy Organization	No	No	No
Technology agency	No	No	No
UCP	No	No	No
Other	No	No	No

4. Select the option that best describes from where this activity is conducted. One central location

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

6. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Describe the activity.

For public awareness, the following activities are conducted: Develop and provide AT Network promotional materials, staff AT Network booths at outreach events and promote the use of AT by utilizing Internet and print media outlets.

Section G - State Leadership Activities - Information and Assistance

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) No

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. No

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

Organization or Activity	a. You provide support	b. Receive support from the state	c. Receive support from these private entities
AgrAbility Program	No	No	No
Alliance for Technology Access Center	No	No	No
Bank or other financial institution	No	No	No
Community Living agency	No	No	No
Easter Seals	No	No	No
Education-related agency	No	No	No

Employment-related agency	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No
Independent Living Center	No	No	No
Institution of Higher Education	No	No	No
Non-categorical disability organization	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No
Organization focused specifically on providing AT	No	No	No
Protection and Advocacy Organization	No	No	No

Technology agency	No	No	No
UCP	No	No	No
Other	No	No	No

4. Select the option that best describes from where this activity is conducted. One central location

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

6. This activity is available (choose all that apply)

By website: Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Describe the activity.

This program has an 800 number for individuals, organizations and businesses to call for information and referral services regarding where to purchase assistive device and services. They also offer assistance in learning about AT devices and services.

Section H - Assurances, Measurable Goals and Signatures

1. As Certifying Representative of the Lead Agency for the State of California, I hereby assure the following. Yes
2. The Lead Agency prepared and submitted this State Plan on behalf of the State of California. Yes
3. The Lead Agency submitting this plan is the State agency that is eligible to submit this plan. Yes
4. The State agency has authority under State law to perform the functions of the State under this program. Yes
5. The State legally may carry out each provision of this plan. Yes
6. All provisions of this plan are consistent with State law. Yes
7. A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan. Yes
8. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan. Yes
9. The agency that submits this plan has adopted or otherwise formally approved this plan. Yes
10. The plan is the basis for State operation and administration of the program. Yes
11. The Lead Agency will maintain and evaluate the program under this State Plan. Yes
12. The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act. Yes
13. The Lead Agency will submit the progress report on behalf of the State. Yes

14. The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary. Yes

15. The Lead Agency will control and administer the funds received through the grant. Yes

16. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan. Yes

17. Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services. Yes

18. The Lead Agency will ensure conformance with Federal and State accounting requirements. Yes

19. The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant. Yes

20. Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability. Yes

21. A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property. Yes

22. The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E) Yes

23. Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers

Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G) Yes

24. The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements. Yes

25. The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant. Yes

26. Describe how your program will conform to section 427 of General Education Provisions Act by describing the steps you propose to take to ensure equitable access to, and participation in, your program for students, teachers, and other program beneficiaries with special needs.

The Assistive Technology Advisory Committee has a member from the California Department of Education. In collaboration with the Department of Education representative and the contractor for the State Level Activities, students, teachers and other beneficiaries with special needs will be provided access to the programs. In addition, the contractor for the State Leadership Activities will continue to provide trainings and outreach to this population in combination with their transition trainings. Further, all information and websites will be made accessible and alternate formats will be made available.

27. Access Goal Table

	Education	Employment	Community Living
a. Long-term Goal	70.00	70.00	70.00
b. Long-term Goal Status	Met [d]	Met [d]	Met [d]

	Education	Employment	Community Living
c. FY 2011 Performance	78.16	94.74	88.47
d. FY 2012 Short-term goal	70.00	70.00	70.00
e. FY 2012 Performance			
f. FY 2012 Status			
g. FY 2013 Short-term goal	70.00	70.00	70.00
h. FY 2013 Performance			
i. FY 2013 Status			
j. FY 2014 Short-term goal	70.00	70.00	70.00
k. FY 2014 Performance			
l. FY 2014 Status			

28. Acquisition Goal Table

	Education	Employment
a. Long-term Goal	75.00	75.00
b. Long-term Goal Status	Met [d]	Met [d]
c. FY 2011 Performance	100.00	
d. FY 2012 Short-term Goal	75.00	75.00
e. FY 2012 Performance	100.00	100.00
f. FY 2012 Status	Met	Met
g. FY 2013 Short-term Goal	75.00	75.00
h. FY 2013 Performance	75.00	66.67
i. FY 2013 Status	Met	Not met
j. FY 2014 Short-term Goal	75.00	75.00
k. FY 2014 Performance	40.00	100.00

	Education	Employment
I. FY 2014 Status	Not met	Met

29. Name of Certifying Representative for the Lead Agency See 'Official Certification' below

30. Title of Certifying Representative for the Lead Agency

Official Certification

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Authorized Certifying Official Signature:

(Joe Xavier)

Date signed:

(mm/dd/yyyy)

Regardless of who completes the electronic data entry, by marking the 'signed' box you are indicating that a hard copy of the report has been printed and signed by the Authorizing Official for this grant (**Joe Xavier**). The date signed must fall within 5 (five) days of the date the electronic version is marked as complete. The system will indicate that the report has been signed by placing the characters '/s/' on the signature line, indicating that the original signed copy is retained in your files and is available upon request. Revisions to this electronic report must also be signed in the same manner. See 2 CFR 200.415.

If you believe Joe Xavier is not the correct person to certify this form, contact RSAMIS.Technical.Support@ed.gov at RSA to correct this before submitting the form.